NAME:

HEADACHE/MIGRAINE LOG

Date	Time	Duration/ Pain Scale (out of 10)	Pain Type (1-constant, 2-throbbing)	Symptoms 1-Nausea 2-Vomiting 3-Sens. to Light 4-Sens. to Sound 5-Changes in Vision 6-Sensory Changes	Location (right, left, both)	Medication (Over the Counter and Prescription)	Prostrating? (Lying flat?) [Y/N]	Symptoms Experienced (Daily Notes)
Example	**12:30**	**4 hours; 6/10**	**1**	**1, 2, 3, 4, 5, 6**	**Both**	**Tylenol**	**Y**	*Example:* **Dizziness with strong auras**

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Rating Criteria for Respective Evaluations

50 Percent:
With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability.

30 Percent:
With characteristic prostrating attacks occurring on an average once a month over last several months.

10 Percent:
With characteristic prostrating attacks averaging one in 2 months over last several months.

0 Percent:
With less frequent attacks.

NOTE: These are the headache and migraine symptoms associated with corresponding disability evaluations. In general, you need symptoms at the respective evaluation to qualify for such. If these symptoms are experienced, you will want to list them in the "notes" section of the headache/migraine log. Please keep in mind the listed symptoms are not exhaustive. All symptoms you associate with your headache/migraine condition should be listed in the notes section even if it is not listed.

Medical Definitions

Prostrating – Lying flat or at full length, as on the ground; physically week or exhausted.